

**INSTRUCTIONS**Why information is needed and legal authority:

According to RCW 26.33.300, an Adoption Data Card must be completed and filed with the clerk of the court on behalf of the petitioner for each individual adopted. Under the federal requirements of the Adoption and Foster Care Analysis and Reporting System (AFCARS), the State must report on all adoptions which occurred since October 1, 1994, and in whose adoption Title IV-B/IV-C agency has had any involvement. AFCARS reports on all other adoptions are encouraged but are voluntary. Reports on the following adoptions are mandated:

- a. All children adopted who had been in foster care under the responsibility and care of the Department of Social and Health Services (DSHS) and who were subsequently adopted whether special needs or not and whether subsidies are provided or not.
- b. All special needs children who were adopted in the State of Washington, whether or not they were in the public foster care system prior to their adoption and for whom non-recurring expenses were reimbursed.
- c. All children adopted for whom an adoption assistance payment or service is being provided based on arrangements made by or through DSHS.

SECTION I. CHILD INFORMATION

- Item 1 – 5 Self-explanatory.
- Item 6 In general, a person's race is determined by how others define them or by how they define themselves. In the case of young children, parents determine the race of the child.
- White: a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American: a person whose ancestry is any of the black racial groups of Africa.
- American Indian/Alaskan Native: a person having origins in any of the original peoples of North or South America (including Central American) and who maintains tribal affiliation or community attachment.
- Asian: a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Native Hawaiian or other Pacific Islander: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Item 7 Self-explanatory
- Item 8 Use the State definition of special needs as it pertains to a child eligible for an adoption subsidy.
- Item 9 Check the factor or condition for categorization as special needs. Check all that apply.
- Item 10 Check the factor or condition as defined by the State and clinically diagnosed by a qualified professional. Check all that apply.
- Item 11 Date child was placed with adoptive family, either on foster or adoptive basis.
- Item 12 Date child was placed in foster care following most recent removal from birth family.

SECTIONS II. BIRTH PARENT INFORMATION

- Item 1 Enter the year of birth for each birth parent. If the exact year of birth is unknown, enter an estimated year of birth.
- Item 2 Race: see instructions and definitions under SECTION I., Item 6.
- Item 3 Self-explanatory.
- Item 4 Self-explanatory.
- Item 5 Enter the month, date, and year of termination of parental rights (TPR), voluntary relinquishment or death of birth mother or father.

SECTIONS III. PETITIONERS INFORMATION

- Item 1 Enter the year of birth for each petitioner. If the exact year of birth is unknown, enter an estimated year of birth.
- Item 2 Self-explanatory.
- Item 3 Race: see instructions and definitions under SECTION I., Item 6.
- Item 4 Self-explanatory.
- Item 5 Self-explanatory.

SECTION IV. ADOPTION PLACEMENT INFORMATION

- Item 1 Indicate the location of the individual or agency that had custody or responsibility for the child at the time of initiation of adoption proceedings.
- Item 2 Indicate the individual or agency which placed the child for adoption.
- Public agency: a unit of State or local government.
- Private agency: a for-profit or non-profit agency or institution.
- Public DSHS & Private Agency: a DSHS agency and a private agency.
- Birth parent: the parent(s) placed the child directly with the adoptive parent(s).
- Independent Person: a doctor, a lawyer, or some other individual.
- Tribal agency: a unit within one of the Federally recognized Indian Tribes or Indian Tribal Organization.
- Item 3 Indicate the prior relationship(s) the child had with the adoptive parent(s).
- Stepparent: spouse of the child's birth mother or birth father.
- Other relative of child: a relative of the birth parents through blood or marriage.
- Foster parent: the child was placed in a non-relative foster family home with a family that later adopted him or her. The placement could have been for the purpose of either adoption or foster care.
- Non-relative: adoptive parent fits into none of the categories above.
- Item 4 (a) Enter "yes," if this child was adopted with a signed adoption support agreement;
- (b) If a monthly financial payment is being paid mark yes;
- (c) Enter the amount of the monthly maintenance;
- (d) If the child is eligible for medical services under Title XIX or XX (state or federal) mark yes;
- (e) If the adoption support claimed by the state is reimbursement under Title IV-E mark yes. (ask adoption support program manager if you don't know the answer).
- Item 5 Self-explanatory.

SECTION V AND VI. AGENCY OR INDIVIDUAL COMPLETING POST PLACEMENT REPORT AND INDIVIDUAL COMPLETING DATA CARD

All items are self-explanatory.

SECTION VII COURT INFORMATION

All items are self-explanatory.

TO ORDER THIS FORM:

Use the DSHS 17-011(X) Forms and Publications Request form or your office letterhead providing the following information:

Complete office name, mail stop and/or street address – (NO POST OFFICE BOXES) city, state, and zip code.

Name and telephone number of requestor (and person receiving the order if different). Orders must include the form number (10-114(X), title, and quantity requested. Please include the exact number of forms you need.

Mail your request to DSHS Forms and Publications Warehouse, MS 45816, PO Box 45816, Olympia, WA 98504-5816, Fax to 360-664-0597, or email to DSHS Forms&Pubfororders@dshs.wa.gov. If you have Outlook or Exchange e-mail systems then you can utilize the DSHS 17-011 Word 7 version on the intranet to order the form. It can be automatically sent by using the send buttons on the bottom of the form (does not work with GroupWise).



DEPARTMENT OF SOCIAL AND HEALTH SERVICES
CHILDREN'S ADMINISTRATION

Return To:
ADOPTIONS
PO BOX 45713, OLYMPIA
WA 98504-5713

ADOPTION DATA CARD

According to RCW 26.33.300, an Adoption Data Card must be completed and filed with the clerk of the court on behalf of the petitioner for each individual adopted. No amended birth certificate will be issued until the data card has been completed and filed with the Department of Social and Health Services (DSHS). Data collection will be used to provide statewide adoption statistics.

I. CHILD INFORMATION

1. PLACE OF BIRTH (County/Country/Alien status):		2. STATE:
3. U.S. CITIZEN AT TIME OF PLACEMENT: <input type="checkbox"/> Yes <input type="checkbox"/> No	4. DATE OF BIRTH:	5. SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female
6. RACE (Check all that apply): <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or other Pacific Islander	7. IS THIS PERSON OR THEIR PARENT/GUARDIAN CONSIDER THEM TO BE SPANISH/HISPANIC/LATINO? <input type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, Mexican/Mexican American/Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Other Spanish/Hispanic/Latino	
8. DOES THIS CHILD HAVE SPECIAL NEEDS? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to determine	9. SPECIAL NEEDS BASIS (Check all that apply): <input type="checkbox"/> Not applicable <input type="checkbox"/> Medical conditions or mental, physical, or emotional disabilities. <input type="checkbox"/> Age <input type="checkbox"/> Racial/origin background <input type="checkbox"/> Part of Sibling group <input type="checkbox"/> Other:	
10. MEDICAL CONDITIONS OF MENTAL, PHYSICAL, OR EMOTIONAL DISABILITIES (Check all that apply): <input type="checkbox"/> Mental retardation <input type="checkbox"/> Physical disability <input type="checkbox"/> Other medical disability: <input type="checkbox"/> Visual/hearing impaired <input type="checkbox"/> Emotional disability		
11. DATE CHILD WAS PLACED IN HOME OF PETITIONERS:	12. DATE OF INITIAL FOSTER CARE PLACEMENT:	

II. BIRTH PARENT INFORMATION

MOTHER'S INFORMATION	FATHER'S INFORMATION
1. YEAR OF BIRTH:	1. YEAR OF BIRTH:
2. RACE (Check all that apply): <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or other Pacific Islander	2. RACE (Check all that apply): <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or other Pacific Islander
3. IS THIS PERSON OR THEIR PARENT/GUARDIAN CONSIDER THEM TO BE SPANISH/HISPANIC/LATINO? <input type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, Mexican/Mexican American/Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Other Spanish/Hispanic/Latino	3. IS THIS PERSON OR THEIR PARENT/GUARDIAN CONSIDER THEM TO BE SPANISH/HISPANIC/LATINO? <input type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, Mexican/Mexican American/Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Other Spanish/Hispanic/Latino
4. MARITAL STATUS AT TIME OF BIRTH: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Unable to determine	4. MARITAL STATUS AT TIME OF BIRTH: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Unable to determine
5. TERMINATION OF PARENTAL RIGHTS (TPR): <input type="checkbox"/> Court ordered TPR date: _____ <input type="checkbox"/> Date of Voluntary Relinquishment: _____ <input type="checkbox"/> Date of Death: _____	5. TERMINATION OF PARENTAL RIGHTS (TPR): <input type="checkbox"/> Court ordered TPR date: _____ <input type="checkbox"/> Date of Voluntary Relinquishment: _____ <input type="checkbox"/> Date of Death: _____

III. PETITIONER(S) INFORMATION				
PETITIONER 1 INFORMATION		PETITIONER 2 INFORMATION		
1. YEAR OF BIRTH:	2. SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	1. YEAR OF BIRTH:	2. SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	
3. RACE (Check all that apply): <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or other Pacific Islander		3. RACE (Check all that apply): <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or other Pacific Islander		
4. IS THIS PERSON OR THEIR PARENT/GUARDIAN CONSIDER THEM TO BE SPANISH/HISPANIC/LATINO? <input type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, Mexican/Mexican American/Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Other Spanish/Hispanic/Latino		4. IS THIS PERSON OR THEIR PARENT/GUARDIAN CONSIDER THEM TO BE SPANISH/HISPANIC/LATINO? <input type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, Mexican/Mexican American/Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Other Spanish/Hispanic/Latino		
5. MARITAL STATUS AT TIME OF BIRTH: <input type="checkbox"/> Married Couple <input type="checkbox"/> Single Man <input type="checkbox"/> Unmarried Couple <input type="checkbox"/> Single Woman		5. MARITAL STATUS AT TIME OF BIRTH: <input type="checkbox"/> Married Couple <input type="checkbox"/> Single Man <input type="checkbox"/> Unmarried Couple <input type="checkbox"/> Single Woman		
IV. ADOPTION PLACEMENT INFORMATION				
1. LOCATION OF AGENCY/INDIVIDUAL WITH CUSTODY WHEN PETITION FILED: <input type="checkbox"/> Within state <input type="checkbox"/> Another state <input type="checkbox"/> Another country	2. AGENCY/INDIVIDUAL WHICH PLACED CHILD FOR ADOPTION: <input type="checkbox"/> Public agency <input type="checkbox"/> Birth Parent <input type="checkbox"/> Private agency <input type="checkbox"/> Independent person Name: _____ <input type="checkbox"/> Public DSHS and private agency <input type="checkbox"/> Tribal agency PA Name: _____		3. CHILD'S RELATIONSHIP TO ADOPTIVE PARENTS: <input type="checkbox"/> Stepparent <input type="checkbox"/> Other relative of child <input type="checkbox"/> Foster Parent of child <input type="checkbox"/> Non-related	
4. ADOPTION SUPPORT INFORMATION:				
				YES NO
a. Is there a signed adoption support agreement, if no, skip to number 5.				<input type="checkbox"/> <input type="checkbox"/>
b. Is monthly maintenance (state or federal) being received?				<input type="checkbox"/> <input type="checkbox"/>
c. Enter the amount of monthly maintenance: \$_____				
d. Is Title XIX/XX medical being received?				<input type="checkbox"/> <input type="checkbox"/>
e. Is the child I-VE eligible?				<input type="checkbox"/> <input type="checkbox"/>
5. PLACEMENT INFORMATION (TO BE COMPLETED IF DSHS ADOPTION):				
				YES NO
Was child in state funded foster care prior to adoptive placement?				<input type="checkbox"/> <input type="checkbox"/>
Was child placed with own (birth) siblings in this adoptive home?				<input type="checkbox"/> <input type="checkbox"/>
Was child in prior adoptive or pre-adoptive placement?				<input type="checkbox"/> <input type="checkbox"/>
V. AGENCY OR INDIVIDUAL COMPLETING POST PLACEMENT REPORT (CHECK ONE)				
<input type="checkbox"/> Department of Social and Health Services (DSHS)		<input type="checkbox"/> Court employee		<input type="checkbox"/> Report not completed
<input type="checkbox"/> Washington Private Child Placement Agency		<input type="checkbox"/> Other court appointed individual		
IV. INDIVIDUAL COMPLETING FORM				
NAME:		TELEPHONE NUMBER:		
ADDRESS:		CITY:	STATE:	ZIP CODE:
THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE				
SIGNATURE:				
VII. COURT INFORMATION (TO BE COMPLETED BY THE COURT)				
PETITION NUMBER:	DATE PETITION FILED:	FINAL DECREE GRANTED:	COUNTY:	COUNTY CODE:
COURT CLERK OR DESIGNEE'S SIGNATURE:				
TO ORDER THIS FORM: Mail your request to DSHS Forms and Publications Warehouse, MS 45816, PO Box 45816, Olympia, WA 98504-5816, Fax to 360-664-0597, or email to DSHS Forms&Pubfororders@dshs.wa.gov . If you have Outlook or Exchange e-mail systems then you can use the DSHS 17-011 Word 7 version on the intranet. It can be automatically sent by using the send buttons on the bottom of the form (does not work with GroupWise).				